

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1661	Date: January 2, 2009
	Change Request 6351

Subject: Emergency Update to the 2009 Medicare Physician Fee Schedule Database (MPFSDB)

I. SUMMARY OF CHANGES: Payment files were issued to contractors based upon the 2009 Medicare Physician Fee Schedule (MPFS) Final Rule. This change request amends those payment files.

New / Revised Material

Effective Date: January 1, 2009

Implementation Date: January 5, 2009

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	Chapter / Section / Subsection / Title
N/A	

III. FUNDING:

SECTION A: For Fiscal Intermediaries and Carriers:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

SECTION B: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One-Time Notification

**Unless otherwise specified, the effective date is the date of service.*

Attachment – One-Time Notification

Pub. 100-04	Transmittal: 1661	Date: January 2, 2009	Change Request: 6351
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SUBJECT: Emergency Update to the 2009 Medicare Physician Fee Schedule Database (MPFSDB)

Effective Date: January 1, 2009

Implementation Date: January 5, 2009

I. GENERAL INFORMATION

A. Background: Payment files were issued to contractors based upon the 2009 Medicare Physician Fee Schedule (MPFS) Final Rule. This change request amends those payment files.

B. Policy: Section 1848(c)(4) of the Social Security Act authorizes the Secretary to establish ancillary policies necessary to implement relative values for physicians' services.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B M A C	D M M A C	F I I E R	C A R R I E R	R H I I I	Shared- System Maintainer s				O T H E R	
						F I S S	M C S	V M S	C W F			
6351.1	Contractors shall manually end-date code G0394 effective December 31, 2008.	X		X	X						X	
6351.1.1	Contractors shall manually remove code G0394 from the 2009 MPFSDB File.	X		X	X							
6351.2	Contractors shall manually update their systems to reflect the following changes effective for dates of service on or after September 29, 2008: 22526 - Status Indicator = N 22527 - Status Indicator = N 0062T - Status Indicator = N 0063T - Status Indicator = N This change is due to the National Coverage Determination for Thermal Intradiscal Procedures (TIPs).	X			X							
6351.3	Contractors shall manually update their systems to reflect 5 base units for CPT code 01916, effective	X		X	X							

Number	Requirement	Responsibility (place an "X" in each applicable column)								
		A / B M A C	D M E M A C	F I M M A C	C A R R I E R	R H I S	Shared-System Maintainers			
						F I S S	M C S	V M S	C W F	
	for dates of service on or after January 1, 2009.									
6351.4	Contractors shall manually update the procedure code file for the following codes with an effective date of January 1, 2009: 0575F 3512F 1180F 3513F 1220F 3514F 3250F 3515F 3321F 3550F 3322F 3551F 3370F 3552F 3372F 3555F 3374F 3570F 3376F 3572F 3378F 3573F 3380F 4148F 3382F 4149F 3384F 4270F 3386F 4271F 3388F 4274F 3390F 4290F 3500F 4293F 3502F 4300F 3503F 4301F 3510F 4320F 3511F	X			X					
6351.5	Contractors need not search their files to either retract payment for claims already paid or to retroactively pay claims. However, contractors shall adjust claims brought to their attention.	X		X	X					
6351.6	Contractors shall retrieve the corrected payment files, as identified in Attachment 2, from the CMS Mainframe Telecommunications System. Files will be available for retrieval on December 11, 2008.	X		X	X					
6351.7	Notification of successful receipt shall be sent via e-mail to price_file_receipt@cms.hhs.gov stating the name of the file received and the entity for which it was received (e.g., Medicare	X		X	X					

Number	Requirement	Responsibility (place an "X" in each applicable column)								
		A / B M A C	D M E M A C	F I M A C	C A R R I E R	R H R I I E R	Shared-System Maintainers			
					F I S S	M C S	V M S	C W F		
	contractor/fiscal intermediary name and number).									
6351.8	CMS will send CWF two files to facilitate duplicate billing edits: 1) Purchased Diagnostic and 2) Duplicative Radiology Editing. CWF shall install these files into their systems. CWF will be notified via e-mail when these files have been sent to them.								X	

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)								
		A / B M A C	D M E M A C	F I M A C	C A R R I E R	R H R I I E R	Shared-System Maintainers			
					F I S S	M C S	V M S	C W F		
6351.9	A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article's release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X		X	X					

IV. SUPPORTING INFORMATION

A. For any recommendations and supporting information associated with listed requirements, use the box below:

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

B. For all other recommendations and supporting information, use this space:

V. CONTACTS

Pre-Implementation Contact(s): Gaysha Brooks, Gaysha.Brooks@cms.hhs.gov, (410) 786-9649

Post-Implementation Contact(s): Appropriate Regional Office

VI. FUNDING

A. For Fiscal Intermediaries and Carriers:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

B. For Medicare Administrative Contractors (MAC) :

The Medicare Administrative Contractor (MAC) is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as changes to the MAC Statement of Work (SOW). The contractor is not obligated to incur costs in excess of the amounts specified in your contract unless and until specifically authorized by the contracting officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the contracting officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

Attachments

Attachment 1

Changes included in the Emergency Update to the 2009 Medicare Physician Fee Schedule Database (MPFSDB) are as follows:

<u>CPT/HCPCS</u>	<u>ACTION</u>
01916	Base Units = 5.00
20697	Multiple Procedure Indicator = 0 Transitional Facility PE RVU = 33.08 Fully Implemented Facility PE RVU = 33.08
37205	Transitional Non-Facility PE RVU = 105.15
37206	Transitional Non-Facility PE RVU = 64.26
4276F	Long Descriptor: Potent antiretroviral therapy prescribed (HIV) Short Descriptor: Potent antivir thxpy rxd Procedure Status: M WRVU: 0.00 Non-Facility PE RVU: 0.00 Facility PE RVU: 0.00 Malpractice RVU: 0.00 PC/TC: 9 Site of Service: 9 Global Surgery: XXX Multiple Procedure Indicator: 9 Bilateral Surgery Indicator: 9 Assistant at Surgery Indicator: 9 Co-Surgery Indicator: 9 Team Surgery Indicator: 9 Physician Supervision Diagnostic Indicator: 09 Type of Service: 1 Diagnostic Family Imaging Indicator: 99
47525	Transitional Non-Facility PE RVU = 11.98 Fully Implemented Non-Facility PE RVU = 10.90 Transitional Facility PE RVU = 1.35 Fully Implemented Facility PE RVU = 0.86 Global Period = 000
63650	Global Period = 010
63685	Global Period = 010

63688	Global Period = 010
75557 Global	Bilateral Indicator = 0
76775 Global	Transitional Facility PE RVU = 2.39
76775 26	Transitional Facility PE RVU = 0.23
96360	PC/TC = 5
96361	PC/TC = 5
96365	PC/TC = 5
96366	PC/TC = 5
96367	PC/TC = 5
96368	PC/TC = 5
96369	PC/TC = 5
96370	PC/TC = 5
96371	PC/TC = 5
96372	PC/TC = 5
96373	PC/TC = 5
96374	PC/TC = 5
96375	PC/TC = 5
93228	Physician Supervision Diagnostic Indicator = 09
93279 Global	Physician Supervision Diagnostic Indicator = 09
93279 26	Physician Supervision Diagnostic Indicator = 09
93280 Global	Physician Supervision Diagnostic Indicator = 09
93280 26	Physician Supervision Diagnostic Indicator = 09
93281 Global	Physician Supervision Diagnostic Indicator = 09

93281 26	Physician Supervision Diagnostic Indicator = 09
93282 Global	Physician Supervision Diagnostic Indicator = 09
93282 26	Physician Supervision Diagnostic Indicator = 09
93283 Global	Physician Supervision Diagnostic Indicator = 09
93283 26	Physician Supervision Diagnostic Indicator = 09
93284 Global	Physician Supervision Diagnostic Indicator = 09
93284 26	Physician Supervision Diagnostic Indicator = 09
93285 Global	Physician Supervision Diagnostic Indicator = 09
93285 26	Physician Supervision Diagnostic Indicator = 09
93286 Global	Physician Supervision Diagnostic Indicator = 09
93286 26	Physician Supervision Diagnostic Indicator = 09
93287 Global	Physician Supervision Diagnostic Indicator = 09
93287 26	Physician Supervision Diagnostic Indicator = 09
93288 Global	Physician Supervision Diagnostic Indicator = 09
93288 26	Physician Supervision Diagnostic Indicator = 09
93289 Global	Physician Supervision Diagnostic Indicator = 09
93289 26	Physician Supervision Diagnostic Indicator = 09
93290 Global	Physician Supervision Diagnostic Indicator = 09
93290 26	Physician Supervision Diagnostic Indicator = 09
93291 Global	Physician Supervision Diagnostic Indicator = 09
93291 26	Physician Supervision Diagnostic Indicator = 09
93292 Global	Physician Supervision Diagnostic Indicator = 09
93292 26	Physician Supervision Diagnostic Indicator = 09

93293 Global Physician Supervision Diagnostic Indicator = 09

93293 TC Physician Supervision Diagnostic Indicator = 01

93293 26 Physician Supervision Diagnostic Indicator = 09

93294 Physician Supervision Diagnostic Indicator = 09

93295 Physician Supervision Diagnostic Indicator = 09

93297 Physician Supervision Diagnostic Indicator = 09

93298 Physician Supervision Diagnostic Indicator = 09

93352 Global Period = ZZZ

G0394 Removed from the MPFSDB effective December 31, 2008; see BR 6351.1 and 6351.1.1

Noncovered Services

Due to the National Coverage Determination for Thermal Intradiscal Procedures (TIPs), effective September 29, 2008, CPT codes 22526, 22527, 0062T and 0063T became noncovered services for Medicare purposes. Contractors shall manually update their systems to reflect the following change effective for dates of service on or after September 29, 2008:

22526 Status Indicator = N

22527 Status Indicator = N

0062T Status Indicator = N

0063T Status Indicator = N

Descriptor Changes

The long and/or short descriptor has been revised for the following codes:

CPT Code	Revised Long Descriptor	Revised Short Descriptor
4275F	Hepatitis B vaccine injection administered or previously received (HIV)	Hep b vac inj admin/ rcvd
D0486	Laboratory accession of brush biopsy sample, microscopic examination, preparation and transmission of written report	N/A
D1203	Topical application of fluoride - child	Topical app fluoride child
D1204	Topical application of fluoride – adult	Topical app fluoride adult
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	End thxpy, anterior tooth
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	End thxpy, bicuspid tooth

D3330	Endodontic therapy, molar (excluding final restoration)	End thxpy, molar
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	N/A
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	N/A
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	N/A
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	N/A
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	N/A
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	N/A
Q4114	Integra flowable wound matrix, injectable, 1 cc	N/A

New Dental Codes for 2009

D0417 Long Descriptor: Collection and preparation of saliva sample for laboratory diagnostic testing

Short Descriptor: Collect & prep saliva sample

Procedure Status: N

WRVU: 0.00

Non-Facility PE RVU: 0.00

Facility PE RVU: 0.00

Malpractice RVU: 0.00

PC/TC: 9

Site of Service: 9

Global Surgery: XXX

Multiple Procedure Indicator: 9

Bilateral Surgery Indicator: 9

Assistant at Surgery Indicator: 9

Co-Surgery Indicator: 9

Team Surgery Indicator: 9

Physician Supervision Diagnostic Indicator: 09

Type of Service: 1

Diagnostic Family Imaging Indicator: 99

D0418 Long Descriptor: Analysis of saliva sample

Short Descriptor: Analysis of saliva sample
Procedure Status: N
WRVU: 0.00
Non-Facility PE RVU: 0.00
Facility PE RVU: 0.00
Malpractice RVU: 0.00
PC/TC: 9
Site of Service: 9
Global Surgery: XXX
Multiple Procedure Indicator: 9
Bilateral Surgery Indicator: 9
Assistant at Surgery Indicator: 9
Co-Surgery Indicator: 9
Team Surgery Indicator: 9
Physician Supervision Diagnostic Indicator: 09
Type of Service: 1
Diagnostic Family Imaging Indicator: 99

D3222 Long Descriptor: Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development

Short Descriptor: Part pulp for apexogenesis
Procedure Status: N
WRVU: 0.00
Non-Facility PE RVU: 0.00
Facility PE RVU: 0.00
Malpractice RVU: 0.00
PC/TC: 9
Site of Service: 9
Global Surgery: XXX
Multiple Procedure Indicator: 9
Bilateral Surgery Indicator: 9
Assistant at Surgery Indicator: 9
Co-Surgery Indicator: 9
Team Surgery Indicator: 9
Physician Supervision Diagnostic Indicator: 09
Type of Service: 2
Diagnostic Family Imaging Indicator: 99

D5991 Long Descriptor: Topical medicament carrier

Short Descriptor: Topical medicament carrier
Procedure Status: N
WRVU: 0.00

Non-Facility PE RVU: 0.00
Facility PE RVU: 0.00
Malpractice RVU: 0.00
PC/TC: 9
Site of Service: 9
Global Surgery: XXX
Multiple Procedure Indicator: 9
Bilateral Surgery Indicator: 9
Assistant at Surgery Indicator: 9
Co-Surgery Indicator: 9
Team Surgery Indicator: 9
Physician Supervision Diagnostic Indicator: 09
Type of Service: 9
Diagnostic Family Imaging Indicator: 99

Note: File will also contain OPPS payment amounts for CPT code 51798

Attachment 2
Filenames for Revised Payment Files

The revised filenames for the Emergency Update to the 2009 Medicare Physician Fee Schedule Database for carriers are:

[MU00.@BF12390.MPFS.CY09.RV1.C00000.V1211](#)

Purchased Diagnostic File

[MU00.@BF12390.MPFS.CY09.RV1.PURDIAG.V1211](#)

The revised filenames for the Emergency Update to the 2009 Medicare Physician Fee Schedule Database for intermediaries are:

SNF Abstract File

[MU00.@BF12390.MPFS.CY09.RV1.SNF.V1211.FI](#)

Therapy/CORF Abstract File

[MU00.@BF12390.MPFS.CY09.RV1.ABSTR.V1211.FI](#)

Mammography Abstract File

[MU00.@BF12390.MPFS.CY09.RV1.MAMMO.V1211.FI](#)

Therapy/CORF Supplemental File:

[MU00.@BF12390.MPFS.CY09.RV1.SUPL.V1211.FI](#)

Hospice File

[MU00.@BF12390.MPFS.CY09.RV1.ALL.V1211.RHHI](#)

Payment Indicator File

[MU00.@BF12390.MPFS.CY09.RV1.PAYIND.V1211](#)